

Case Number:	CM15-0162642		
Date Assigned:	09/25/2015	Date of Injury:	12/03/2012
Decision Date:	11/02/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 32 year old male injured worker suffered an industrial injury on 12-3-2012. The diagnoses included lumbar disc disease and lumbar facet syndrome. On 6-16-2015 the treating provider reported low back pain rated 7 to 8 out of 10 radiating to the legs with numbness to the bottom of the feet. The provider noted the urine drug screen was ordered to establish a baseline, ensure compliance with the medications and to ensure he was not taking medication from multiple sources or taking any illicit drugs. The provider noted he had been only taking unknown over the counter medication. The documentation did not include an aberrant risk assessment. Diagnostics included a negative urine drug screen 6-16-2015. The Request for Authorization date was 6-16-2015. The Utilization Review on 7-20-2015 determined non-certification for Urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, indicators for addiction, Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of drug testing. These guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In addition, the guidelines comment on the steps used to avoid misuse/addiction of opioids. These steps include the use of frequent random urine toxicology screens. Based on the information in the available medical records there is no evidence that the patient is taking any controlled substances. Further, there is no documentation to suggest that the patient has engaged in any suspicious or aberrant behaviors to indicate that he is at high-risk for addiction. Finally, there is a urine drug test result from 6/23/2015, which was negative. There is no documentation subsequent to this test to indicate any aberrant behavior requiring repeat testing. In summary, there is no evidence in the medical records to support the rationale for ordering a urine drug screen. This test is not considered as medically necessary.